

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10		2				
11		1				
12		1				
13						
14						
15						
16	1					
17		1				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		1				
27		3				
28		3				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
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41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL DID.	2					
TOTAL DEP.	53					
TOTAL CLAIMS	55					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
51						
52						
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97						
98						
99						
100						
TOTAL DID.						
TOTAL DEP.						
TOTAL CLAIMS						

92  
6